

Local STD Prevention Programs



Topics

- Introduction
- Clinical services
- Laboratory services
- Surveillance & Epidemiology
- Education
- Policy

Introduction

Local STD Program Services

- Clinical services
- Laboratory services
- Partner services
- Referral services
 - Dental services
 - Mental health services
 - Social services

What are we trying to achieve with the services we offer?

- “An effective system of services and information that supports individuals, families, and communities in preventing STDs, including HIV infection, and ensures comprehensive, high-quality STD-related health services for all persons.”
 - IOM Report “The Hidden Epidemic”

Core Public Health Activities

1. Surveillance
2. Disease intervention services
3. Outbreak response
4. Clinical services
5. Information dissemination
6. Program evaluation
7. Program policy

Challenges

- Achieve a national goal with a variability of organizational designs and resources that exist at the state and local levels
- Each program was developed under different political and historical circumstances

Clinical Services

Access to Care

- Access can be defined as
 - Strategically located geographically, so people don't have to travel great distances
 - Transportation is available regardless of availability of an auto
 - Physically accessible (ADA)
 - Financially accessible, regardless of patients' ability to pay
 - Culturally and linguistically accessible – meaning clinicians are sensitive to the sensibilities of their patients
- Want to assure that top quality, state-of-the-art clinical services are accessible to all

Private Sector

- Need to ensure that private sector clinicians are completely up to date if we want to have top quality, state-of-the-art services
- Some states don't have categorical clinics –
 - They contract with private practice MDs who will agree to see STD patients and be reimbursed by the state

Private Sector (continued)

- As HMOs continue to expand through the medical ecosystem, there is an increasing demand to work with the private sector. Trying to manage this blend of the public and private clinical cultures is just one of the many challenges faced by STD programs.
- Incorporating viral STD clinical services, such as hepatitis, herpes simplex virus, and human papillomavirus are other challenges.

Laboratory Services

Types of Activities

- Diagnostic
- Screening

Diagnostics

- Which test system do you use to diagnose?
- Need to balance sensitivity, specificity, predictive value positive, the availability of resources, and the prevalence of disease

Lab Services

- Labs may be able to charge for services
 - others are not able to charge
- Labs may be able to do sensitivity testing to see which antibiotics are effective – others don't have the capacity

Screening

- The capacity to screen in order to identify the asymptomatic infections is crucial for prevention programming
 - Testing for syphilis in prisons and jails
 - Testing for chlamydia in prisons and jails, in shelters, and youth detention facilities
 - Places where you can reach higher risk people who would not otherwise have access to such testing is crucial

Challenges and Opportunities

- Incorporating (affording and interpreting) viral testing into services
- Development of new tests that are non-invasive is very exciting
 - Urine for gonorrhea and chlamydia
 - These will pave the way for screening outside the walls of clinics

Surveillance & Epidemiology

Public Health Surveillance

- The *ongoing and systematic collection, analysis, interpretation, and dissemination* of health data in the process of describing and monitoring disease trends
- There is a legal framework that allows this activity
 - Some STDs (i.e. chlamydia, gonorrhea, syphilis) require mandatory reporting

Purposes of Public Health Surveillance

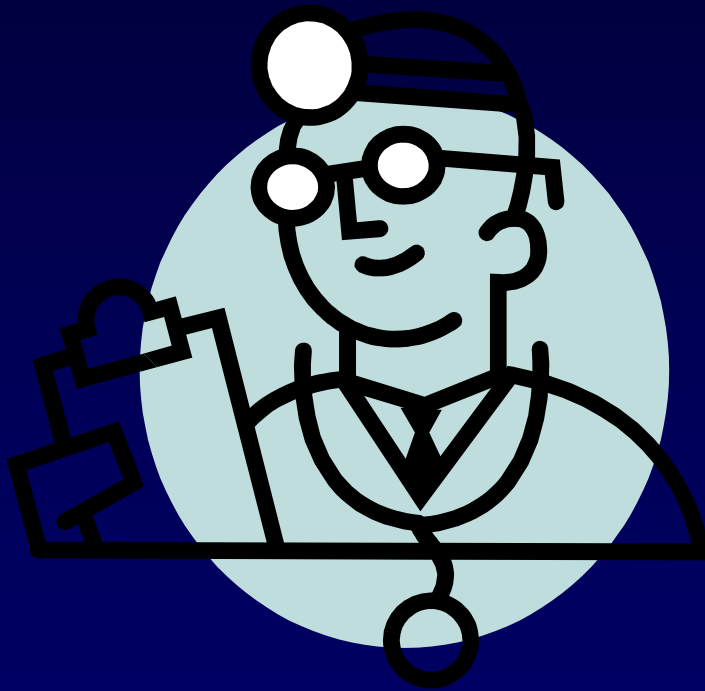
- Assess public health status
- Define public health priorities
- Evaluate programs
- Conduct research



Types of Surveillance Systems

- Active surveillance – contacting providers to ask if they've seen cases
- Passive surveillance – wait for case reports to come in
- Electronic reporting, particularly w/ labs – have lab reports electronically delivered to the program
- Sentinel

Passive Surveillance



- Relies on reporting of cases from health care providers based on a list of conditions
- Sit and wait for case reports or test results to come in
- Provider-initiated
 - Advantage: Simple and inexpensive to implement
 - Limitation: Incomplete case reports and variability in quality and timeliness

Active Surveillance



- Public health officers actively collect data to complete case reports
- Health department-initiated
 - Advantage: Often, cases are more complete and accurate
 - Limitation: Time consuming and costly

Sentinel Surveillance

- An early warning system that may represent the “tip of the iceberg”
- Monitoring of key “sentinel” sites or populations for health events that are generalizable to the whole population
- Useful for uncommon conditions that are not monitored via active or passive surveillance
- Useful for common conditions where complete case counting is not important and action is not taken in response to a single case



Sentinel Surveillance (continued)

- Advantage:
 - Cheaper than case-based reporting
 - More timely
- Limitation:
 - Not comprehensive
 - Based on the experience of the provider

Examples of Sentinel Surveillance

- GISP: Gonococcal Isolate Surveillance Project
- STD Jail Prevalence Monitoring Project



Electronic Surveillance

- Requires standardized format of information
- Encrypted data
- Computerized data automatically sent to the local/state health agency

Components of a STD Surveillance System

- Case-based reporting - traditional
- Prevalence monitoring
- Population-based: behavioral / social surveillance

Sources of Case Reports

- Provider-based case reporting
- Laboratory-initiated findings



Prevalence Monitoring Purposes and Uses of Prevalence Monitoring

- The monitoring of trends among defined populations over time
- Most commonly performed using data obtained on selected populations
- Data are systematically collected from routine screening, not from special studies
- Monitor disease burden and trends
- Identify populations with high rates of infection
- Evaluate case reporting surveillance data
- Design and target interventions
- Allocate public health resources

Priority Populations for Prevalence Monitoring

- Correctional system
- Pregnant women
- Drug treatment facilities
- STD clinic patients
- Special populations based on local epidemiology

Population-Based Behavioral / Social Surveillance

- Complements case reporting and prevalence surveillance data
- Questionnaire-based behavioral data are necessary to develop effective prevention and intervention programs

Purposes and Uses of Behavioral/Social Surveillance

- To monitor and track the risk behaviors and social factors that contribute to disease acquisition and transmission
- To identify populations that are at risk of being infected by STDs
- To aid in the identification of behaviors and social factors that can lead to the prevention of STDs

Data Sources for Behavioral/Social Surveillance

- General population surveys
- Infected population *
- At-risk population *

* Critical for monitoring and controlling the spread of disease

Surveillance and Communication

(A process that provides “information for action”)

Surveillance data should be presented in a manner that facilitates their ultimate use for public health action

Effective communication of public health surveillance results represents the critical link in the translation of scientific information into public health practice

Dissemination and Communication

Dissemination

is a one-way process through which information is conveyed from one point to another

Communication

is a collaborative process involving at least two people in an effort to convey, receive, interpret, and agree upon the meaning

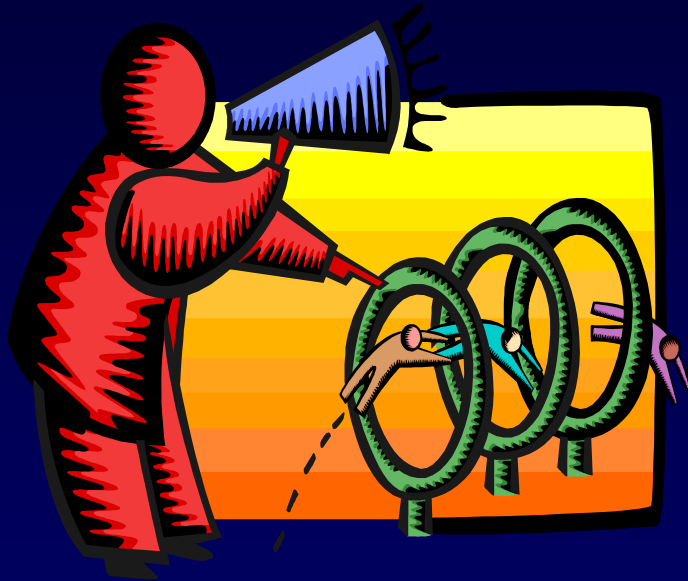
Surveillance Data

- Data management today means using computers and having access to technical resources that can manage the hardware and software
- Surveillance is of little value unless it is used – this requires communicating the information to all stakeholders
- If the surveillance is conducted but not communicated, then the value of the activity is unclear

Ethical Considerations: Surveillance Activities

- Surveillance must respect and protect the people on whom information is collected
- If these objectives cannot be accomplished, then data collection is pointless and it is inappropriate to conduct these surveillance activities

Public Health Surveillance Challenges



- Assurance of usefulness
- Computer technology
- Ethical and legal concerns
- Application to new areas
- Educate public and policy makers
- Flexibility
- Cost effective
- Incomplete cases

Epidemiology

- The study of the *distribution* and *determinants* of disease *frequency*
- Epidemiological elements are described in terms of person, place, and time

Measures of Frequency

- Prevalence
- Incidence

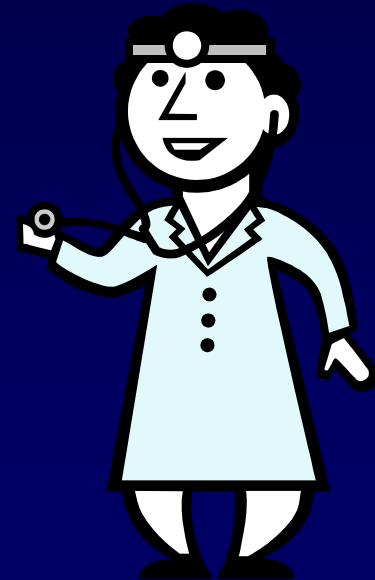
Definition: Prevalence



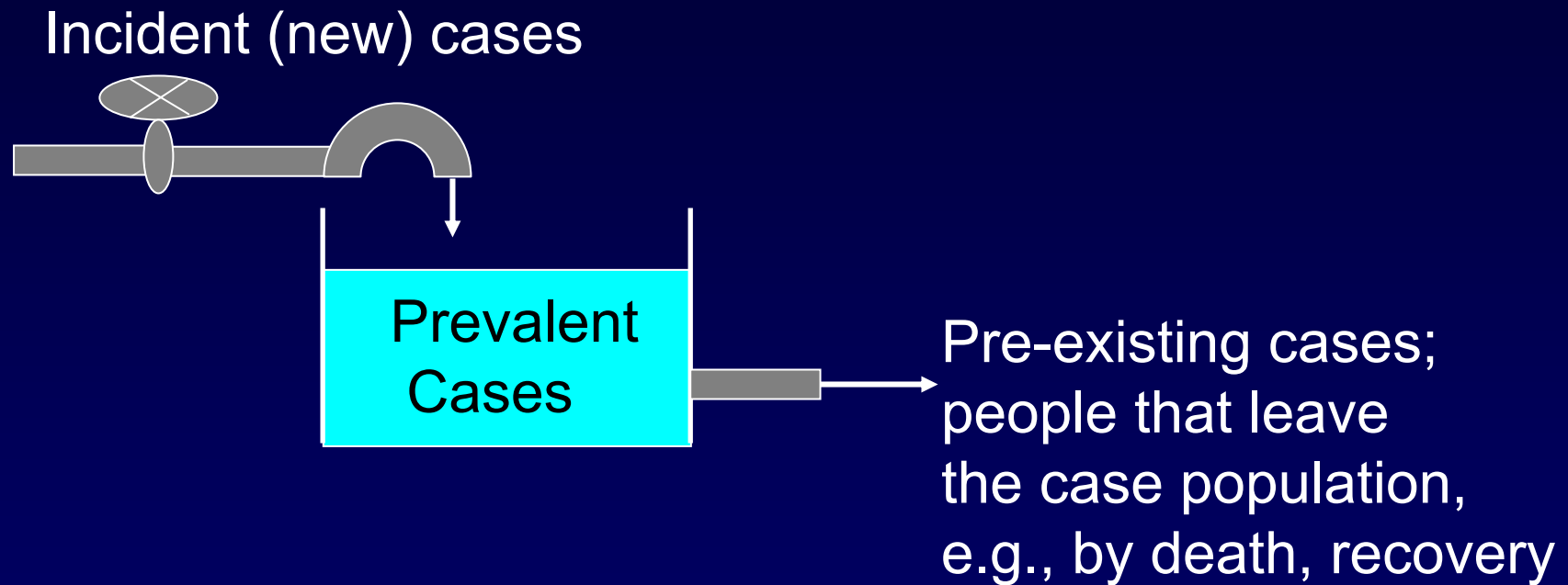
- Number of existing cases (includes both previously and newly diagnosed cases) in a population at a specific point in time
- Snapshot of disease in a specific population at a specific point in time

Definition: Incidence

- Number of newly diagnosed cases in a population of at-risk individuals during a specified time period



Prevalence versus Incidence



Education

Education

- Extremely important; need to ensure that it is available to all stakeholders
- Types of education – lectures, interviews, posters, plays, brochures, etc.
- Audience:
 - One-on-one to patients in the clinics and MD offices and outreach
 - Professional education for clinicians and microbiologists
 - Education to students in schools and colleges
 - Community organizations
- Requires lots of resources and alliances – train the trainer

Individual Education

- STD interventions are traditionally at the individual level
- STD interventions grew up within a clinical model, so they are focused on infected individuals and their partners
 - It is necessary to work at the individual level as well as at the community level
 - Individuals do not live in a vacuum – we all live within a social context – this social environment must support efforts at the individual level, and vice-versa
 - This is new turf for STD, and we have much to learn from the community-oriented prevention approaches of HIV programs

Education into Behavior Change

- The big challenge is to figure out ways to turn education into an engine for behavior change
- Knowledge in itself does not necessarily translate into behavior modification

